THE

# MEDICAL AND SURGICAL REPORTER.

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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

### HYPER-DISTENTION OF THE PULMONARY ALVEOLI AS A THERAPEUTIC AGENT IN CHRONIC DISEASE OF THE RESPIRATORY MUCOUS MEMBRANE.

BY J. SOLIS COHEN, M.D.,

Of Philadelphia.

As mentioned in the last edition of my little treatise on "Inhalation,"* I have long sought for an apparatus applicable to the convenient administration of inspirations of condensed air. All the available apparatus that I have seen are so bulky as to practically confine the treatment to the office of the practitioner, to the great consumption of his time, and to the corresponding expense of the patient; circumstances which necessarily limit resort to this valuable therapeutic agent. The apparatus of Waldenburg, figured and described in the volume referred to, is very satisfactory, and in the cheap form constructed for the clinical room of the laryngoscopic department of Jefferson Medical College Hospital, is not beyond the reach of patients in quite moderate circumstances; but it is by no means a portable instrument. And until a portable instrument is constructed at a moderate cost this method of treatment is not likely to make much progress in America, despite the favor that has been awarded it in Europe.

It was with great pleasure, therefore, that about a year ago I received a letter from my esteemed friend, Dr. W. Y. Gadbury, of Yasoo City, Mississippi, detailing me a plan he had adopted successfully in a number of instances, and requesting me to avail myself of my better facilities for encountering suitable cases, to put his plan to the crucial test from which he was debarred by lack of proximity to a large medical centre.

Dr. Gadbury employs the rubber compressor of the hand-ball atomizer; and his plan is as follows: The patient, having dilated his lungs to their greatest capacity by a forced voluntary inspiration, immediately compresses the nasal passages with one hand, while he places the tube of the compressor between his lips with the other, then closes the lips gently upon it, and rapidly works the compressor. A few squeezes pump an intermitttent current of compressed air into the lungs; and as soon as the distention becomes unpleasant, or the need of an expiratory movement is required, the instrument is withdrawn, to be replaced and reemployed in the same manner a few moments subsequently; the operation being repeated four or five times in succession.

I have given this plan a trial during the past year, in my private practice, and in the clinical practice of the hospitals with which I am connected; and am in a position to estimate its value and capabilities. It cannot be safely employed in all the cases in which insufflations of compressed air, as supplied from the apparatus of Waldenburg and others, are applicable; but it has a sufficiently wide range of utility to commend it to professional attention; and in a certain class of cases, to which allusion will be made presently, it is of greater service than the bulky machines adverted to.

In patients liable to hæmoptysis, or other hemorrhages, and in certain cardiac and visceral

* Philadelphia, 1876, page 55.

disorders, the intra-thoracic compression, if left to the patient, is apt to be too powerfully exercised, and thus to be absolutely detrimental; and it is to the hands of patients that the instrument is to be confided. It is seldom safe to employ compressed air with a pressure exceeding from one-sixtieth to one-thirtieth of an atmosphere, and quite delicate handling of the ball-compressor is requisite to keep within this limit, while the size of the compressor prevents access of air in large volume, or at constant pressure. Thus, for general purposes, this plan, unmodified, cannot supersede the use of more complicated appliances.

There is one use of the Gadbury method, however, to which I desire to call the attention of the profession prominently; and that is its employment as a mechanical expectorant. Time and again I have placed the little compressor in the hands of a patient with bronchioles and air-cells clogged with mucus and pus, to see its use immediately followed by copious expectoration, to the great comfort of the patient. The process is repeated until it ceases to be followed by expectoration, and then there is absolute or relative relief from the desire to cough, until re-accumulation indicates a renewal of the procedure at intervals of a couple of hours, or longer, according to circumstances. I have frequently availed myself of this method of clearing the air passages previous to careful physical examinations, when abundance of moist rales were present, and have been better able to estimate the actual conditions of the respiratory organs on auscultation afterward. Hence, in chronic bronchitis, of whatever origin, compressed air can be employed with advantage in this way, to discharge the mucous accumulations from the air passages, and spare them much of the topical irritation to which they are otherwise subjected. In a few instances I have seen chronic bronchitis relieved by the use of this method, without any medication whatever, and far more rapidly and effectually than follows the administration of medicinal expectorants, which are too often coupled with the disadvantage of interference with the processes of nutrition by their nauseant influence upon the alimentary tract.

The physical action of this mechanical expectorant is simple. The hyper-distention of the air cells permits the access of air under pressure to points beside and beyond the masses of mucus clinging to the walls of the bronchioles and alveoli, and excites effective cough, which removes the partially detached masses. Several of my consumptive patients clear their passages out at bedtime in the manner indicated, and secure a good night's rest, free from disturbance by cough, without the administration of opiates. When they rise to dress, they clear the parts of the accumulation over night, in like manner, and attack their breakfast with relish. Some individuals have little or no occasion to expectorate during the intervals, and can pursue their vocations, relieved of the frequent and recurring plague of an annoying and harassing cough. The therapeutic advantage of an agent capable of doing this much is incontestible; and it is for the purpose of drawing attention to this simple and inexpensive contrivance, and of having its merits tested on an extended scale, that this article has been written.*

*Dr. Cohen presents the above as a preliminary article, to be followed, as leisure permits, with a description of the adaptation of a blow-pipe contrivance for the same and similar purposes, and some remarks on the pathological conditions in which it may be resorted to with prospect of advantage.

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## REMINISCENCES OF A VISIT TO EUROPE IN 1879.

BY LAURENCE TURNBULL, M. D.,
Of Philadelphia.

Paris in October is a quiet city, so far as medical matters are concerned. The active sessions of the schools do not begin their regular work until November, and even the hospitals have not yet commenced their clinical work. To-day, October 15th, I visited the great hospital, "La Salpetrière," but was disappointed, in not finding Professor Charcot, so turned my steps to the "Cliniques des Maladies des Yeux," of Dr. Landolt, 27 Rue Saint André-des-Arts. This is an out of the way place and difficult to find, like many other of the interesting objects in this city, with its crooked streets and odd looking-houses. The clinic began, not at twelve or one, but at two o'clock, and his private hours for consultation are from half-past four to six P.M., except on Sundays. I found the Doctor better known abroad, by his works, than even in Paris, and yet he holds the position of "Directeur Adjt. du Laboratorie d'Ophthalmologie a la Sorbonne." The labors of Dr. Landolt are well known to us by his "Manual of Examination of the Eyes," the result of a course of lectures delivered at the "École Pratique," and translated by Dr. Swan M. Burnett, of Washington, with extensive revision and additions by the author; and like all young authors, he still finds something to improve, or something which is omitted that he would like

to add; a course, doubtless, much objected to by the publisher, on account of the cost.

I was early, and found but few patients in the waiting room, but it gradually filled up, there being some eighteen or twenty. I was invited into the adjoining room, and on presenting my letter was most kindly received by the Doctor. This was the lecture room, and there was also a small private room, in which the Doctor entered by a private door. There were a few students and some five or six physicians present. There was one female student, a pleasant English girl, who took notes and watched every case, evidently taking a deep interest in her studies. The Doctor has two assistants, and a small hospital attached, with fifteen beds. In his report of his clinique, which he presented to me, I found the whole number of cases registered, from January 1st, 1878, to January 1st, 1879, was 3039 cases of diseases and injuries of the eye.

The first cases of special interest which he brought before the class were "strabismus convergens," showing its intimate connection with hypermetropia; also cases of "divergens" associated with myopia. In one case he had to direct the patient to employ a minus glass of two and a half inches focus, which was rare, and one of four and a half. There were a large number of cases requiring fitting with glasses, and the testing of vision, accommodation, etc. Dr. Landolt recognizes three varieties of myopia: 1, the myopia of an eye perfectly healthy; 2, functional myopia, due to spasm of the accommodation; 3, myopia symptomatic of a disease of the eye, or choroiditis. The following are his own views on the cause of the frequency of myopia among the inhabitants of certain countries:—

"The countries in which myopia may be said to be characteristically endemic are countries which are little favored, either by climate, soil or commercial wealth. The inhabitants are by nature intelligent and active minded, and keenly alive to the advantages of procuring for themselves a share of those riches which their more fortunate neighbors have inherited from nature. They have, therefore, for a long series of generations, been obliged to procure by their own efforts what a niggard soil, an ungenial climate, or a disadvantageous geographical position has denied them. In a country so situated it is necessary for individuals to seek extraneous and artificial sources of wealth. Some, therefore, will apply themselves to various handicrafts, others to scientific or speculative pursuits, and will dispose of their work, their business knowledge, or their scientific acquirements to neighboring people. Among themselves the special training necessary for such pursuits must, in order to be successful, and to reach the highest possible development, be commenced at an early age. It requires for its successful cultivation a class of men possessed of either natural or acquired abilities as teachers. Success in such a calling depends, as already stated, in great part, on a sufficiently early training. Hence, in such a community schools will multiply rapidly. School houses built in poor districts may be expected to suffer from the surrounding poverty, and to be lacking in many requirements of hygiene and comfort. For exactly the same reasons, those who attend them will not have that fund of constitutional strength, that latent power of resistance necessary to neutralize the noxious influence to which their visual organs, as portions of a common whole, would be especially exposed. Hence, the sequel—choroiditis, induced, in the first instance, by deficient nourishment, and aggravated by precocious and undue application of the eyes."

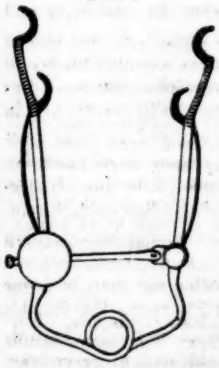
The Doctor does not, by any means, propose to apply to each particular and individual case a law which he believes holds good for a nation. He is well aware of the number of persons who, surrounded as they are by most favorable physical conditions and influences, have never unduly tried their eyes, and are, nevertheless, sufferers from myopia; for the first form of myopia described the explanation of such cases is easy. A man may, of course, congenitally, have too long an eye, antero-posteriorly, just as he may have too long a nose for perfect symmetry of face. As regards the myopia dependent on posterior staphyloma, the explanation is not less simple. A father or more remote ancestor procures ease and affluence for his descendants, at the price of an enfeebled constitution and impaired vision. Another worker, though living under bad conditions of hygiene, and taxing the eyes early and late, yet does not become myopic, for the reason that he has inherited a good constitution, or, in other words, normal powers of resistance. But should children be born to him in poverty and in want, and should they be exposed, as time goes on, to all the depressing influences of excessive work and scanty nourishment, it is morally certain that in their cases choroiditis, with its accompanying myopia, will sooner or later develop itself.

Dr. Landolt lectures with great ease, is never at a loss for words, and illustrates his difficult points by admirable drawings on the blackboard, with colored chalks. To the student he endeavors to make everything plain, so that it is fully

comprehended. He has a young and handsome face and figure, with a very bright expression and most agreeable manners and voice, and speaks English very well. He also gives full credit to all observers and workers in the field of ophthalmology, not omitting the names of Americans, such as Knapp, Green, Loring, Dyer and Thomson. He has written well on various ophthalmological subjects; a faint outline of one of them I have endeavored briefly to refer to, and would call the attention of our young physicians to his lecture on the *Enlargement of the Ophthalmoscopic Image*, and of the correct appreciation of the size of the objects observed. He has also invented a valuable instrument, the *diplometer*, which is most useful in measuring the different parts of the eye, such as the size of the pupil, the reflections from the different refracting surfaces, etc.; and written, in conjunction with "*Wecker*," a complete treatise on ophthalmology, the first volume of which we saw as issued in Paris, 1879. After his lecture and clinical demonstrations, he performed but two operations, one for a chalazion, which he removed by extracting the sac wall completely from the internal surface of the lid, and also opened an abscess of the cornea. In operating on both of these cases he employed his new speculum for holding the eyelids open; its advantage is that it can be removed by simply closing, instead of turning round, to the risk of injury of the eyes, as in the ordinary form He states, in his report of his clinics, that he avoids, as much as possible, using the ordinary eye speculum, and has even discarded it in the operation of cataract; but in some cases, when it is not possible to do without it, he has made the following modification and improvement in the ordinary speculum.

The two bars, Fig. 1, which unite the hooks intended to support the eyelids, have been discarded, as they are not only useless, but may even become dangerous. In executing movements of the speculum where it is necessary to withdraw the instrument, they may catch in the wound, especially if the operation is from above, and exert at least a dangerous pressure on the eye, which pressure is usually very painful to the patient. These two bars are replaced by two simple hooks at each branch of the instrument, sufficiently removed from one another not to press on the eye.

Fig. 1.



The distance between the two hooks is such that the two lower ones are engaged between those of the upper. Thus, in closing the instrument while it is in the eye, the hooks of the inferior branch are engaged between those of the superior branch, pass them, and raise the upper eyelid (see Fig. 2), and these last disengage in the same way from the lower eyelid, so that we can withdraw the instrument quite straight, without having to incline them. To avoid the sensitive contact of the metal, the bars are covered with hard rubber, the bars which separate these hooks serving to raise the lids.

Fig. 2.

Dr. Landolt kindly sent me the cuts of the instrument, so as to convey a correct idea of it. In his note he also states: "I can assure you that I use the speculum with the greatest advantage, and that I do not use any other. Snellen and other colleagues are equally well satisfied with it."

### Histological, Physiological and other Laboratories of Paris.

By the kindness of a most cultivated lady friend, who is now devoting her time and talents to original scientific research under the able guidance of Professor L. Ranvier. I had a favorable opportunity of seeing the inner working of his and the other interesting and instructive workshops of scientific medical research. Mrs. Ernest Hart, wife of the able editor of the *British Medical Journal*, has already done herself infinite credit by a careful study, and numerous laborious investigations with various reagents and with the microscope, to determine whether or not there was an "invisible or third corpuscular element in the blood," which Dr. Norris, of Birmingham, endeavored to prove at the meeting of the British Medical Association, at Cork, 1879 (to which I was a delegate). At the time of my visit to Paris she already had some grave doubts concerning the existence of any such "colorless, invisible, biconcave discs, similar in every respect to the red corpuscles, with the exception of the absence of color," and her subsequent investigations have proven her first impressions to be correct, for she states, in the London *Medical Record*, February, 1879, "I may be permitted to say that after going, with care, through a series of observations on this subject, I am disposed to believe that the colorless corpuscles

which (without the addition of a saturated solution of common salt) are still undoubtedly seen when the blood is examined by the method of "isolation," are red corpuscles that have undergone post-mortem changes prior to taking part in the formation of the fibrin."

I find that the Histological Laboratory for Original Experimental Research, of the National School of Medicine of France, or Sorbonne, situated in Paris, will accommodate about twenty medical men, with four assistants, and two tutors or experts; these latter assist the beginners, and also do a good deal of the rough work for Prof. Ranvier; but the entire charge and general oversight is given into M. Ranvier's hands. The French Government appropriates seven thousand francs for the salary of the Professor and the keeping of instruments and apparatus in repair.

If a young man or woman makes a valuable scientific investigation which is considered by the Professor worthy of publication, all the expenses attending it are reimbursed. If, however, it is not considered worthy of publication, and contains nothing new or original, then he or she bears all the expenses of animals, reagents, etc. The young investigators are allowed a stand and tube of the microscope, but they have to purchase their lenses, object glasses, slides, etc. The demonstrations by the Professor are forty in number, and are given from December to June, and no fee is demanded.

I also visited Professor Brown-Séquard's laboratory, which is furnished with all the necessary apparatus for experimentation and vivisections, etc. Adjoining there is a room containing numerous little bins filled with living animals, such as guinea pigs, rabbits, etc. These interesting animals are kept clean and in good order, and are regularly fed by a man who has charge of them, but not being in the open air the odors, etc., are not agreeable, so near the lecture room.

We found the lecture room of Professor Marey much more interesting, as it contains so many original, valuable and ingenious instruments of precision and research. Among the many, were the following: 1. One for the study of the height and form of the curve produced by the contraction of muscles. This is termed the comparative myograph. It consists of two levers, to each of which is attached the tendo-Achilles of a frog, or the gastrocnemii, by levers or little hooks; at the other end springs are attached, which being in contact with the eccentrics are so adjusted as to cause the muscles to overcome greater or less resistance during contraction. There is a lever to elevate the levers for inscribing on the smoked cylinder, and also a screw, which regulates the pressure of the pins on the drum. A cylinder carries the smoked paper to receive the tracings. This drum is kept in revolution by means of a strong clockwork, and its motion is made rhythmical by another ingenious instrument, called Marey-Foucault's regulator, which has three axes on which the drum may be revolved with different rapidities. The frog is poisoned and the curves of the muscles are taken. The levers being directly superimposed, give the curves side by side, so that any variations in the muscle curve by a poison may be discovered.

There was also another ingenious instrument, called Marey's polygraph, to register the respiration. In the room was hung long diagrams of all kinds of tracings made by this and other instruments by this most wonderful inventive professor, and worthy of the most careful study by the medical man, as it will assist in giving him logical precision in his investigations on the various functions and the action of drugs upon animals and man.

It is somewhat remarkable that with the large sums of money spent in the United States on medical education, so little encouragement is given to original scientific inquiry, and when we look around for a place to make such investigation it cannot be found; neither the money to spend on the apparatus. Indeed, it is stated, to our disgrace, that "there is no single well-furnished physiological or pathological laboratory in the United States at which active work goes on steadily."

## Hospital Reports.

### PASSAVANT'S HOSPITAL, PITTSBURG.

CLINIC OF DR. R. S. SUTTON, DEC. 17, 1879.

Gentlemen—I present before you this morning Mrs. —. You will observe a petite little body, of more than ordinary courage. She is thirty-five years of age, began menstruating at twelve, has been married twice, and has borne five children; her last labor occurred eight years ago. Since that date she has been sterile, and for several years suffering from ill health. A year ago she had a hemorrhage from the chest after severe exercise. She has a cough which has existed for more than a year; she has slight expectoration; she has a slight chronic bronchitis, but no tubercle. A few months ago her husband applied to me for treatment for a urethral discharge, vowing his faithfulness to his wife. I insisted upon examining her. The examination revealed the following condition: A cervix uteri lacerated bilaterally, considerable cicatricial tis-

sue in the cleft of the laceration. The Nabothian glands were congested, swollen, bursting and discharging freely, an erosion throwing off from its surface a purulent discharge. The vaginal walls were secreting more than naturally, and the perineum was ruptured down to the sphincter ani. She had menorrhagia, dyspepsia, and considerable nervous disturbance; she had also slight cystocele. The uterus measured three and three-quarter inches deep. She has been treated with hot vaginal douches, acupuncture of the Nabothian cysts, Churchhill's tincture of iodine, and lastly, a sponge tent was introduced, to determine whether the induration in the cervix was cicatricial or cancerous tissue; she has had tonics and some special treatment for her bronchitis. But I look upon her as one of those cases where old uterine disease, after inducing profound anæmia, is likely to open wide the gates to that fell destroyer, pulmonary tuberculosis.

She has improved on treatment; has some color, less cough, fair appetite, better digestion, and is sufficiently improved locally to make it proper to now repair her lacerations. To-day we will operate for the laceration of the cervix. Some weeks ago I scraped out her uterus, with a hairpin for a curette, and the length of time between her menstrual periods has increased from fourteen to twenty-one days. The uterus is still three and a-half inches deep. She has now been etherized by Dr. Longe, and we place her in the left lateral decubitus. The nurse will hold the speculum. Fixing the cervix with the double tenaculum, I ask Dr. Purviance to steady, but not to drag upon, the uterus. Dr. Chessrown will carefully sponge away the small amount of blood that usually accompanies this procedure. Seizing the mucous covering with this small tenaculum, with these scissors of Emmet's I carefully denude the surfaces, leaving unbroken tissue for the lining of the cervical canal. We now snip out carefully all the cicatrized tissue we find. Notice, it is not very deep, but grits as I cut it away; this piece from the bottom of the laceration is V-shaped. The surfaces are now brought together, and we find that they will fit. The sutures of silver wire are now introduced; we have placed four on one side and two on the other. As the needles frequently break, as has occurred twice this morning, it is necessary that a good supply be always ready, and that in introducing one you do not break it, by too sudden a twist of the needle holder.

She will now be put to bed, the latter having been kept warm for the last half hour, with bottles of hot water. Her urine will be drawn as required by the nurse, until she can pass it over a bed pan. After this the nurse will throw into the vagina a quart of hot water, slightly carbolized, which will wash out again any urine trickling backward to the cervix and keep out any discharge which may occur.

When we meet again, one week from to-day, we will remove the stitches.

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—Her Royal Highness the Princess of Wales has consented to lay the foundation stone for the new Chelsea Hospital for Women, which is about to be built in the Fulham Road.

## Medical Societies.

### PENNSYLVANIA STATE MEDICAL SOCIETY.

(*Concluded from page 496.*)

**Third Day.**

The President, Dr. Nebinger, called the meeting to order at 9 A.M.

The Permanent Secretary read a telegram from Prof. S. D. Gross, "sending his cordial greetings." On motion, it was ordered to be entered upon the minutes.

Dr. W. W. Dale offered the following amendment to the Constitution: Amend Article v, Section 5 by adding: "Which action shall be final; provided, however, that either party may appeal to the President of the State Society, who may direct the Censors of an adjoining district to hear and to determine the case, and to report their action to the Society, which shall be final.

The amendment was laid over for one year.

Dr. J. H. Packard, of Philadelphia, moved that the officers of the Society be instructed to append their signatures to the petition to the Legislature, relative to the secrecy of communications made by patients to their physicians, and that the petition so signed be returned to the joint committee on that subject raised by the medical societies of Philadelphia. Adopted.

Dr. W. B. Atkinson, Chairman of the Committee of Publication, reported as follows:—

ALTOONA, May 19th, 1880.

The Committee of Publication beg leave respectfully to report that they had printed 1450 copies of the volume of *Transactions* of this Society, for the year 1879, at an expense, including distribution, of $1333.84. The volume consists of 492 pages, and contains one map and sixteen cuts.

They have distributed:

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|---|---|
| To County Medical Societies | 1274 |
| To Medical and other Journals | 43 |
| To State Medical Societies | 35 |
| To State Boards of Health and Health Officers | 43 |
| To Library of Congress | 1 |
| To Library of American Medical Association | 1 |
| To Library of State Capitol | 1 |
| To Library of Surgeon-General's Office, Washington, D. C. | 1 |
| To Library of Sanitary Protection Association, Newport, R. I. | 1 |
| To Bureau of Meteorology, War Department | 1 |
| To Smithsonian Institute (Professor Kirkpatrick) | 1 |
| Reserved for Archives | 2 |
| Sold | 3 |
| Remaining on hand | 43 |
| | 1450 |

It will therefore be noticed that the number of copies required by county societies was larger than the number thus required in the year previous, by seventy-five.

Your Committee have also furnished one copy of the *Transactions* of the year 1878 to Dr. J.

W. Dupré, President of the Medical Society of the State of Louisiana, and one copy of the same year to the Convention for the Revision of the United States Pharmacopœia.

All of which is respectfully submitted.

WM. B. ATKINSON, *Chairman.*
BENJAMIN LEE,
WILLIAM GOODELL,
O. H. ALLIS,
J. G. STETLER,
JAMES TYSON,
I. N. KERLIN.

On motion, the report was received, and ordered to be entered on the minutes.

On motion of Dr. Benjamin Lee, it was

*Resolved*, That 1500 copies of the Constitution and By-Laws and Code of Ethics be printed and covered in a style corresponding to that of the *Transactions*, for distribution to the county medical societies, as called for by their respective Secretaries, and that no further copies of these documents be printed until so ordered by this Society.

Dr. Benjamin Lee, of Philadelphia, then read the Address in Hygiene.

The speaker took for his text the action of the House of Representatives of the United States, in appointing an Inspector of Plumbing for the District of Columbia. Instances were cited of defective plumbing and drainage, occurring in expensive houses in the most desirable portions of the City of Philadelphia, which had been pronounced by ordinary plumbers to be perfectly protected from sewer gas. In two of these cases fatal results followed, one of the victims being the distinguished young orator, Henry Armitt Brown. The deduction was, that not only Philadelphia, but every city or town which has a sewage system, should also have an Inspector of Plumbing and Drainage. The Society adopted a resolution to the effect that the Legislature be memorialized upon the subject, and a committee was appointed for the purpose, consisting of Drs. Lee and Woodbury, of Philadelphia, and Dale, of Cumberland.

*Resolved*, That it is the sense of this Society that it is expedient that every city or town provided with a system of sewerage should have provision made for the inspection of the plumbing and drainage of all houses and buildings having connections with its sewers, and, therefore,

*Resolved*, That a committee be appointed to memorialize the Legislature of this Commonwealth, with a view to procuring the passage of an enactment providing for the appointment of an Inspector of Plumbing and Drainage in all such towns and cities, and that the following bill be respectfully suggested to the Legislature as an appropriate form for such enactment.

On motion of Dr. J. L. Atlee, of Lancaster, the draft of a law was amended, to include a penalty for its infraction.

On motion of Dr. S. T. Davis, of Lancaster, a committee was appointed, in accordance with the resolution, and the Address was referred to the Committee of Publication.

Dr. E. H. Coover, of Harrisburg, read a paper on "The Construction and Advantage of a New Mechanical Appliance for the Treatment of Diseases of the Spine." It advocated extension, as usual in such cases, and the employment of a jacket made by coating muslin with the silicate of soda.

This paper was ably discussed, and Dr. C. T. Hunter, of Philadelphia, exhibited a jacket made of leather.

The paper was referred to the Committee of Publication.

By request of Dr. Allis, he was permitted to withdraw his paper on "Deformities After Fracture Near Charities," and offer it another year. He made some remarks on the subject, and exhibited casts of deformities.

Dr. B. Lee offered a report on "The Abuse of Medical Charities," as referred by the Philadelphia County Medical Society to this body. On motion it was received and ordered to be printed with the Transactions.

Dr. S. M. Ross, of Altoona, made some remarks on "Conservative Surgery," and exhibited a number of cases illustrating his success in this effort.

After some discussion of the cases, on motion, he was requested to prepare his remarks for publication.

Dr. D. M. Barr, of Philadelphia, read a paper on "Anæsthesia in Labor," and exhibited a new form of inhaler.

On motion, as there was no time for its full discussion, the paper was referred to the next session of the Society.

Dr. C. A. Rahter, of Harrisburg, offered the following amendment to the Constitution, which was laid over till next session.

Amend Article IV, Section 1: After the word Treasurer add "Judicial Council."

Also,

By-Laws, Article I, substitute for Section 10: "A Council, consisting of nine members, shall be elected, whose duty it shall be to take cognizance of and decide all questions of an ethical or judicial character that may arise in connection with the Society. Of the nine members of the Council first elected, the three first named on the list shall hold office one year, and the second three named shall hold office for two years. With these exceptions the term of office of members of the Council shall be three years, three being elected annually.

The said Council shall organize by choosing a President and Secretary, and shall keep a permanent record of its proceedings. The decisions of said Council, on all matters referred to it by the Society, shall be final, and shall be reported to the Society at the earliest practicable moment. All questions of a personal character, including complaints and protests, and all questions on credentials, shall be referred at once, after the report of the Committee of Arrangements, or other presentation, to the Judicial Council, and without discussion.

On motion of Dr. Ulrich, Dr. Lee was permitted to read a paper, "Alkaloids of Cinchona," after Dr. Roberts' paper.

The President announced the following appointments: To make the address in Medicine, J. S. Cohen, of Philadelphia; address in Surgery, S. M. Ross, Altoona; address in Obstetrics, S. T. Davis, Lancaster; address in Hygiene, B.

Lee, Philadelphia; address in Mental Disorders, S. S. Schultz, Danville.

Committee on Hygienic Legislation, Dr. Benj. Lee, Chairman, Philadelphia; Dr. W. W. Dale, Carlisle; Dr. Frank Woodbury, Philadelphia.

Dr. J. B. Roberts, of Philadelphia, then read a paper on "Bromide of Ethyl as an Anæsthetic in Practical Surgery." This paper discussed the history of the introduction of the anæsthetic, the physiological effects of its administration, the manner of producing anæsthesia, the condition of the patient during the period of insensibility, and the objections that have been urged against its use. It also compared the effects of ethyl bromide with those of ether. Nothing new was presented except the use of bromide of ethyl in a case of angina pectoris of great severity, where ether excited the patient to vigorous struggles, and where morphia, hypodermically, had not had time to quiet the pain. The death in Dr. Sim's case was attributed to impurities in the bromide of ethyl used; for Wolff, of Philadelphia, has discovered a dark-brownish liquid in some specimens, which produces intestinal irritation in rabbits, when administered by the mouth, and would probably do the same if inhaled. Care was advised in using the agent, as it, in common with other anæsthetics, will produce death. After some discussion, it was referred to the Committee of Publication.

On motion of Dr. Allis, it was

*Resolved*, That a committee of three be appointed by the Chair, whose duty it shall be to present at the next annual meeting of this Society rules of order for the regulation of the proceedings of the stated meetings of this Society. Said "Rules of Order" to be printed annually, upon the programme of the State Medical Society.

The President appointed as this Committee, Dr. Allis, Chairman; W. B. Ulrich, of Chester; W. B. Atkinson, J. H. Packard and Frank Woodbury, of Philadelphia.

Bills to the amount of $79.77 were presented by the Committee of Arrangements, and ordered paid.

On motion of Dr. A. M. Miller, of Paradise, it was

*Resolved*, That the thanks of the Society be returned to the Committee of Arrangements, and to the Blair County Medical Society, for the able manner in which they have cared for the wants of the Society, and contributed to the success of the meeting; to the officers of the Society for their faithful labors in the performance of their duties, and to the various railroad companies for courtesies extended in reducing the fares to this meeting.

*Resolved*, That a special vote of thanks be extended to the officers of the Pennsylvania Railroad, for their courtesy to the Society, and especially to General Superintendent Pugh, for his kindness in furnishing accommodations to the members of this body in the very interesting and delightful excursions with which they have been favored.

Dr. B. Lee read his paper on "Alkaloids of Cinchona."

It was a concise argument in favor of the use of the inferior (as they have been erroneously called) alkaloids of Peruvian bark, based upon two grounds—first, their cheapness as compared with quinia; secondly, the fact that bark itself will often produce beneficial results which we cannot get from the last-named alkaloid. It called attention to a large number of alkaloids which have now been separated, and suggested the strong probability that these contained virtues quite as essential as those of quinia. Among the various preparations offered the profession by manufacturing chemists, in order to supply these alkaloids in their most reliable and active form, one was especially mentioned with approval, under the name of quin-quinia, which contains, in addition to fifteen per cent. of quinia, the other active principles in their natural combination, not separated and then recombined. This fact, Dr. Lee considered, afforded reason to believe that the virtues of the bark itself were more likely to be completely represented. In his hands it has proved very efficacious and prompt as a tonic, and others had found it equally satisfactory in intermittent affections. The article comes from the laboratory of Charles S. White & Co., one of the three quinine manufacturers of the United States.

It was referred to the Committee of Publication.

Dr. J. T. Carpenter, of Pottsville, offered the following, which was laid over till next year:—

Amendment to the Constitution, Article III, Section 2. The delegates shall receive their appointments from the county societies, and from the College of Physicians, of Philadelphia.

Dr. W. H. Parrish, of Philadelphia, read a paper on "Puerperal Septicæmia."

The term "puerperal septicæmia" is to be preferred to "puerperal fever," mainly because it indicates the origin and nature of the disease.

Experimentation on the lower animals has established the identity of septicæmia thus produced and the condition of the woman poisoned because of absorption of decomposed placenta, etc. From a patient thus ill other patients may be infected by transference of the poison, and thus may be established the so-called "puerperal fever."

The differences in the symptoms of the endemic disease and the disease due to internal infection depend upon the difference in the activity of the poison, and in the manner of its entrance into the system. In retained placenta there is a gradual and continuous absorption of a poison as yet comparatively feeble in its activity; hence, the symptoms are insidious, though progressive, and death is longer delayed.

In endemics the poison has attained its highest activity, and enters the system at the time of confinement; hence, the symptoms appear early and abruptly, and death may quickly occur. Experimentation has shown that a septic poison increases rapidly in its malignancy in being transferred successively from the genitals of one septicæmic animal to those of another. A puerperal woman presents conditions which find no analogous ones in a surgical patient. Her great susceptibility to different diseases, her functional disturbances, etc., are peculiar. The interior of the uterus is not properly comparable with a flap of an amputation. Experiment shows that sep-

tic fluid injected into the genitals after labor produces septicæmia and death, yet another specimen of the same fluid may be poured over the surface of a flap with negative results.

Yet, septicæmia under the form of erysipelas follows the surgeon, as septicæmia under the form of puerperal fever follows the obstetrician.

The poison of erysipelas and that of puerperal septicæmia are probably one, that is, septic; a septic fluid applied to a cutaneous wound causes erysipelas; the same fluid injected into the genitals causes puerperal septicæmia. The two diseases will mutually communicate each other.

Diphtheria is doubtless closely allied to erysipelas and to septicæmia; bacteria are abundant in all three. Diphtheria and puerperal septicæmia are less closely related to each other than are the latter disease and erysipelas to each other.

The poison of scarlatina may remain latent in the system of a pregnant woman for weeks and months, and produce scarlatina two or three days after labor. The disease may then progress without pelvic lesion, and present the usual evidences of scarlatina, or the local and systemic conditions may be indistinguishable from those of malignant septicæmia.

Malarial fever renders a patient more liable to septic poisoning. Probably both the scarlatina and the malarial poison may establish degenerative inflammation in slight wounds of the pelvic tissues, and thus lead to septic poisoning. This probably accounts for the greater frequency of "puerperal fever" in the Southern and more malarial States.

In severe pelvic traumatic inflammation, septic decomposition is expedited, and often absorption itself facilitated.

Prophylaxis must ward off for the woman all septic poison, and guard her against those conditions which increase her susceptibility to the poison. Hands and instruments should be washed in a solution of carbolic acid. Preventive measures are exceedingly numerous, but none too small to warrant observance. Hot vaginal syringing after labor is rational and advantageous. It is reprehensible to leave a portion of the placenta in utero for days. Intra-uterine injection of hot water is safe and reliable in the checking of flooding, if it becomes necessary to use any intra-uterine remedy for this purpose.

The treatment of puerperal septicæmia should not be routine, but a general distinction should be drawn between cases of internal and cases of external infection. The difference between the management of these two classes consists mainly in the indications for abstraction of blood and for intra-uterine syringing.

In cases of internal infection the abstraction of blood must not be resorted to, chiefly because such a means would expedite absorption of the poison from the putrid material existing in the pelvis, and also because the incipiency of the disease in such cases often escapes observation. In such cases the cavity of the uterus demands cleansing, possibly by the introduction of the hand, certainly by intra-uterine disinfectant syringing.

In endemic cases which are also cases of external infection I have found decided benefit from abstraction of 16 to 20 ounces of blood, by leeches, applied, in the very *incipiency*, over the lower abdomen. The removal of blood does good, not by eliminating the poison, but by relieving the pelvic engorgement. In both external and in internal infection, quinia, stimulants, sufficient nutrition, opium, a diuretic, warm poulticing, are the remedies to be used, according to the special indications of each individual case.

Dr. Ziegler, of Lancaster, in discussion, related his own case of poisoning of his arms by liquor amnii.

The paper and remarks were referred to the Committee of Publication.

Dr. S. T. Davis, of Lancaster, read, by title, a paper on "Large Submucous Fibroid of the Uterus."

It was referred to the Committee of Publication.

Dr. B. Lee made some remarks on the "Axial Line of the Foot." He proceeded to illustrate, by means of two mammoth wooden diagrams, and by tracings of the soles of patients and others, some more or less normal, others badly deformed, the fact that the foot is not, as usually imagined, even by physicians, straight; the median line of the sole describing, on the contrary, a very marked curve. The ordinary shoe he denounced as an orthopœdic instrument designed to straighten this curve. The straight foot is the ideal of the French boot maker. The curved foot is the ideal of the anatomist, and therefore, reverently be it said, the ideal of the Creator. The speaker had worn shoes made upon the principle he defended (which was first suggested by Prof. Herman Meyer, of the University of Zurich) for more than twenty years, and could bear personal testimony to their comfort. With the use of this method, which is now being followed by several shoemakers in Philadelphia, as well as by the manufacturers of the ready-made "Waukenphast" shoe, corns, bunions, and ingrowing toe-nails would cease from off the face of the earth.

On motion he was requested to prepare his remarks for publication.

Drs. Allis and Smith were appointed to escort the officers elect to their posts.

Vice President Dr. Ulrich then introduced the President elect, Dr. J. T. Carpenter, who took his seat, after a few remarks thanking the Society for the honor done him.

After which the Society adjourned to meet at Lancaster, on the 2d Wednesday of May, 1881, at 9 A.M.

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### Encephalocele.

The *Medical Times and Gazette* states that at the meeting of the Obstetrical Society of London, held May 5th, 1880, Dr. Godson showed photographs and a cast of the head of an infant, the subject of a large encephalocele. Nearly half of the brain was contained in a sac outside the cranium, a very narrow peduncle, passing through the anterior fontanelle, connecting it with the portion within the skull. The head with the tumor resembled an hour glass. The child lived a month and had never cried. She had no convulsions till just before death.

# EDITORIAL DEPARTMENT.

## PERISCOPE.

### Salicylic Acid in Yellow Fever.

Dr. J. Walls White, of Glasgow, writes, in the Glasgow *Medical Journal* for May, 1880, that, being anxious to try the prophylactic powers of salicylic acid in this disease, he furnished an intelligent ship master who was bound for Rio Janeiro with a quantity of the drug, and instructed him that if yellow fever was prevalent when he got there, he was to take himself and give to his crew, in their lime juice, five grains of salicylic acid once daily, or oftener if required.

The ship reached her destination in due course, and had been in port for three weeks when the fever broke out (about its usual time in these parts), during the months of August and September of last year, 1879. In less than a week there was scarcely a ship out of a fleet of about 150 vessels but had three and four men laid up, dead or in hospital; all the government ships that could get away had cleared out. Three of his own men were reported sick and off duty, complaining of lassitude, dull headache, pains in the limbs, loss of appetite, great thirst, hot skin and high fever. Such are the first symptoms of this fever, and these are quickly followed by nausea, vomiting and great tenderness in the epigastric region, with complete prostration. Yellowness of the skin and black vomit are the later symptoms.

He at once put his patients under treatment, which consisted of giving to each what he called a double dose of salicylic acid, namely, ten grains, mixed in lime juice. and in four hours after they were quite relieved and fit for duty. The whole ship's company were then put upon it. The usual day's allowance of lime juice was mixed with salicylic acid, in the proportion of three to five grains to each man, and this mixture was served out every morning about 6 A.M., after they had partaken of their coffee and before commencing work. This was continued for about two weeks, with the most satisfactory results; but this daily consumption reducing the stock of acid too rapidly, he determined to stop it, and reserve what remained in case of an emergency. In two days thereafter the old symptoms returned, one complaining and then another, and the whole crew came aft and demanded to have their lime juice again. Sailors have no right to lime juice when in port, and are often very indifferent to taking it when at sea, and in this case the salicylic acid improved neither its taste nor appearance, but they had all felt the benefit, and were ever ready for their morning's dose.

After being in port for over seven weeks, with yellow fever all around him and the hospital ashore full of it, he had not had one fever patient, or lost a day's work of any of his men. Three days before he was ready to sail his stock of acid became exhausted; and so afraid was he to let it be known that he substituted quinine in its place, and had to explain away the difference in the taste by telling them that it was not so strong as usual. He completed loading of the ship with all speed and hastened to depart, for salicylic acid was not known there, and therefore not to be got.

Such a test as this, so satisfactory to those experimented on, and conducted without prejudice and yet with precision, tells its own tale.

If salicylic acid, then, possesses the power of destroying the organic germs that generate yellow fever, may it not be equally efficacious in the other malarial fevers wherein quinine has been used with such lavish freedom, and often with but indifferent results; and may it not, if used in time, prove of value as a preventive of cholera, that owes its origin to a similar cause, as also in the epidemic fevers that from time to time visit us here.

### Digestive Fluids.

Dr. G. M. Garland, in an article on "Recent Progress in Physiology," published in the *Boston Medical and Surgical Journal*, May 6, 1880, says that the researches of Richet (*Journal de l'Anatomie et de la Physiologie*, March and April, 1878) have thrown some additional light upon the vexed question of the cause of activity in the gastric juice. The method employed depended upon the observation of Berthelot, that when an acid solution is shaken up with an equal volume of ether, the free acid, if organic, is distributed between the two fluids, but if mineral, remains almost entirely in the water. The number which expresses the proportion in which the acid is divided betwen the two fluids is called by Berthelot the "coefficient of distribution," and is constant for each acid. Pure gastric juice, when tested in this way, was found to have a coefficient of distribution very different from that of hydrochloric acid; but by combining hydrochloric acid with various organic substances found in the stomach itself, Richet succeeded in producing a compound which resembled the gastric juice, not only in its coefficient of distribution, but in its action upon cane sugar, starch, etc. Richet, therefore, considers that in pure gastric juice the hydrochloric acid is united with organic substances, particularly with leucine, which somewhat modify its action as a mineral acid. The products of digestion obtained from albuminoid materials by the use of this combination of acid and leucine seem to be much more diffusible than those obtained by pure hydrochloric acid. During the progress of digestion the hydrochloric acid of the pure gastric juice is to a certain extent replaced by phosphoric and lactic acids, derived from the food, and separated from their combinations there by the stronger mineral acid with which they are brought in contact. There is also, in certain cases, an acid fermentation in the contents of the stomach, resulting in the production of an additional amount of acid. The *mixed gastric juice* as found in the stomach after several hours' digestion is, there-

fore, a very different fluid from the *pure gastric juice*, as originally secreted.

These experiments of Richet have been repeated and confirmed by a recent French writer.

This observer has also investigated the action of the pancreatic juice upon the various classes of nutriments in the presence of the gastric juice. The pancreatic juice is found to be a very delicate reagent for determining whether the gastric juice thus used is "pure" or "mixed;" that is, whether its acidity is due to hydrochloric acid alone, or to other acids (phosphoric, tartaric, lactic, etc.), set free from the food by the stronger mineral acid, or produced by fermentation. In the former case pancreatine is found to be without action upon starch, and to digest only five times its weight of albumen; whereas, in the latter case it converts seven times its weight of starch into sugar and changes thirty-eight times its weight of albumen into peptones.

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**Febrile Herpes of the Cornea.**

Dr. Godo, in *Recueil d'Ophthalmologie*, April, 1880, considers that four distinct periods can be shown to exist in the evolution of the acute form of herpes, viz., 1. The period of invasion, characterized by pyrexia and general symptoms. 2. The eruptive period, marked by the apparition of a more or less copious crop of vesicles, 3. The period of suppuration, in which the limpid contents of the vesicles become seropurulent. 4. A period of desquamation and ulceration, the vesico-pustules bursting, and leaving small and superficial ulcerations. These stages in the progress of the affection he illustrates by some cases which he has met with in practice, and which he considers establish sufficiently the intimate connection existing between febrile herpes in general, and febrile herpes of the cornea in particular. According to the author, the latter affection is a direct derivative of the former, or rather a particular and merely localized manifestation of it. Herpes of the cornea may also be symptomatic of other morbid conditions, such as pneumonia; in which case, it may occur either simply or together with herpes labialis and nasalis. Herpes of the cornea is often also correlated with the appearance of the menstrual nisus; in one case cited the patient had had a herpetic eruption on the eyelids, together with all the subjective symptoms of the affection, at each monthly period for the last two years. Dr. Godo has also seen corneal herpes appear upon the sudden cessation of lactation, and has, further, seen cases, of which three are given in full, in which it appeared coincidently with the advent of intermittent fever. According to Vernueil, there is a herpes of traumatic origin, and of this Dr. Godo cites a peculiarly typical example. The case was that of a carpenter, who, after amputation of one of his limbs, suffered, about the seventh week after the operation, from a very severe attack of corneal herpes, accompanied by the usual constitutional disturbance. Two months later an abscess appeared in the groin of the amputated leg, and again the same constitutional phenomena supervened, and were followed by herpes. Subsequently, a second abscess appeared at the seat of the former one, and was in turn followed by identical symptoms and consequences. This triple manifestation can scarcely be considered purely accidental; it must be interpreted as a case of traumatic herpes *à distance*. This form, whenever met with, will always be consecutive to a train of general symptoms and phenomena very similar to those of febrile herpes.

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**The Origin of Tetanus.**

The *Brain*, for January, 1880, contains an article by Surgeon Major J. J. L. Ratton, in which he enunciates the proposition that tetanus is a single disease; that it begins in persistent peripheral nerve irritation, and ends in organic molecular and functional disturbance of the medulla. The peripheral nerve irritation may or may not be traumatic, but is invariably the cause of the disease; so that the term idiopathic tetanus should be disused. The above conclusion is arrived at after exhaustive arguments have been adduced in proof of the five following points: 1. Peripheral nerve irritation is a cause of tetanus. 2. Peripheral nerve irritation is present in all cases of the disease. 3. It produces eventually the group of symptoms known as tetanus. 4. It explains the facts of the morbid anatomy of the disease. 5. It guides the treatment of the disease, and is proved by its success. The great bulk of cases of so-called idiopathic tetanus are either puerperal, menstrual, or the result of worms. That case of idiopathic tetanus in which peripheral nerve irritation could be excluded as the cause must be absolutely free from disease; the author cannot imagine that such a case ever existed. His view of the pathology of tetanus is that in the first stage of the disease (that of continued nerve irritation reacting upon the medulla and originating tonic spasms), up to a certain point there is no morbid change in the cord, and consequently there would be no evidence of disease. At this period division of the afferent nerve, by cutting off the source of irritation, arrests the symptoms. Afterward, continued irritation, exciting the reflex function to an inordinate degree, causes hyperæmia with molecular changes, and frequently inflammation. Here there may or may not be visible changes, but these will be hidden by molecular changes. Pathological facts fit in exactly with these views. Sometimes no changes are found, sometimes microscopical changes, and sometimes evidences of inflammation of the medulla and upper part of the cord. The treatment by amputation, or section of the afferent nerve, is only efficient up to a certain point; when molecular changes have taken place in the medulla, it is useless. Division of the nerve in the second stage may help, but does not cure the disease. Something more is wanted—some powerful wrench to the nervous system that will alter the morbid molecular arrangement of the parts, or act as a revulsive or counter-irritant. Stretching a large nerve trunk (*e.g.*, the sciatic), and making traction on the cord, have been tried and followed by marked success. The drugs used, and which have justified their use in this disease, are just those which

are known to diminish the reflex irritability of the cord. The ice bag to the spine, leeches, blisters and plasters, to the same, all testify to the universal opinion acted upon, if not avowed, that tetanus is a disturbance disease of the reflex function of the cord.

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**Portal Thrombosis.**

Roberts Bartholow, M. D., of Philadelphia, writes, in the New York *Medical Journal*, for April, 1880—

Thrombosis of the portal vein is a result of various obstructive conditions, as cirrhosis, chronic atrophy, cancer, and tumors. The symptoms due to the thrombosis are those of obstruction to the portal circulation, and occur rather abruptly in the course of the chronic malady associated with it. The pressure in the initial radicles of the portal vein is suddenly increased, and free transudation of blood occurs along the intestinal mucous membrane, hemorrhoids form, and a watery diarrhœa takes place. The spleen enlarges, and ascites develop with great rapidity. Efforts toward a compensatory circulation are made by the communicating veins, which suddenly appear enlarged on the surface of the abdomen. The urine becomes scanty and of high specific gravity. The patient presents a very decided cachexia, the strength rapidly fails, and death occurs in a few days or weeks. The obstruction by the thrombus is not always complete, so that an imperfect circulation is maintained. In that case the symptoms will be less formidable and the progress less rapid.

The only remedy which offers any prospect of relief is ammonia, which has the power to dissolve coagula. Unfortunately, the stasis in the portal system so hinders absorption that remedies do not readily enter the blood. As Halfourd, of Australia, has demonstrated the innocuousness of the intravenous injection of ammonia, this expedient should be practiced in such cases. It consists in the injection of one part of aqua ammoniæ to two parts of water into any convenient vein. If, however, there be any movement of blood in the portal, the ammonia should be administered in the form of the carbonate—five grains every three hours. The usual remedies for ascites will be necessary.

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**Case of Strangulated Femoral Hernia, Masked by a Mass of Enlarged Glands.**

The following case, under the care of Mr. A. P. Boon, of Cunningham Hospital, St Kitt's West Indies, was reported in the London *Lancet*, for June, 1880:—

A. D., a negro, aged twenty-eight years, an agricultural laborer, complained of pain in the abdomen and vomiting, and stated that he had not had a stool for six days. On examination the abdomen was rather distended, and there was general, but not great, tenderness. No hernia could be seen, but on the right side, below Poupart's ligament, a mass of enlarged glands was visible. This, the man said, had existed for some years. The glands were quite movable, and not tender or painful. The pulse was 80, temperature normal, tongue clean.

The treatment, which included various purgatives, enemata, opium, and belladonna in large doses, was of no avail in overcoming the intestinal obstruction. The case progressed slowly. On the eighth day the vomiting was stercoraceous. Soon after this the pain in the abdomen subsided, the pulse rose to 100, the tongue became foul, the countenance was haggard and anxious, and there were cold, clammy perspirations. All this time he had passed neither fæces nor flatus. On the fourteenth day the condition of the patient was apparently hopeless.

In consultation with the late Mr. Boon, it was decided to cut down on the enlarged glands, draw them aside, and see whether there was a hernia under them. This was accordingly done, not with very strong hope of benefiting the patient, but rather to give him a chance. It was not until the glands were drawn aside that a small femoral hernia was discovered, as large as the top of the thumb. The sac was opened, and contained a knuckle of intestine, the condition of which was not nearly as bad as might have been expected. There was some difficulty in dividing the stricture, but when this was done the hernia was reduced, and the case treated in the ordinary manner.

The patient passed a large motion a few hours afterward, and recovered without a bad symptom.

*Remarks.*—This case is interesting on account of the hernial tumor being so small as to be completely hidden under the mass of enlarged glands, and the long period (fourteen days) during which there was complete intestinal obstruction; notwithstanding which, the intestine was in a fairly healthy state.

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## Reviews and Book Notices.

### NOTES ON CURRENT MEDICAL LITERATURE.

——We acknowledge the receipt of the second edition of Dr. J. W. Young's "Malaria and Its Effects," published by Page, Taylor & Co., Fort Wayne, Ind. Price 50 cents.

——"Relations of Communities and States during Epidemics," is the subject of an ablé address by the Hon. James B. Eustis, delivered at the Commencement of the Medical Department of the University of Louisiana, March 19th, 1880.

——A reprint from the *Archives of Ophthalmology*, March, 1880, contains a paper by Dr. Charles Stedman Bull, Surgeon and Pathologist to the New York Eye and Ear Infirmary, on the "Removal of Foreign Bodies from the Eye," with four cases.

——Dr. V. P. Gibney, of the Hospital for the Ruptured and Crippled, New York, sends us, in the form of a reprint from the *American Journal of Obstetrics and Diseases of Women and Children*, Vol. XIII, No. 2, April, 1880, a paper which was read at the New York State Medical Society,

Feb. 8d, 1880, on "Caries of the Ankle in Children," with the results of expectant treatment, from the study of thirty cases.

——"The Abuses of Medical Charities," by M. P. Hatfield, A.M., M.D., Professor of Chemistry, Chicago Medical College, and Roswell Park, A.M., M.D., Demonstrator of Anatomy, Chicago Medical College, a paper read before the Chicago Medical Society, February 2d, 1880, to which is appended the report of a committee appointed by the Society, has been sent us, in the form of a reprint from the Chicago *Medical Gazette*, March 5th, 1880.

——A pamphlet entitled "Measles Not a Trivial Disease," being a report on the present epidemic in Brooklyn and its treatment by the Board of Health, by J. H. Raymond, M.D., Sanitary Superintendent, has just been received, in form of a reprint from the Proceedings of the Medical Society of King's, Brooklyn, N. Y., for May, 1880, and also, "Progress in the Management of Contagious Diseases by the Brooklyn Board of Health," by the same author.

——Among the contents of the *Atlantic Monthly* for June, we notice the continuation of "The Stillwater Tragedy," by Thomas Baily Aldrich; "The Lost Gods" (poem), by Frances L. Gardner; "The Unlearned Professions," by Edward Atkinson; "Records of W. M. Hunt," by Henry C. Angell; "Hills of Asham" (poem), by Jean Scofield; a very suggestive letter from "An Old War Horse to a Young Politician;" "Future of Precious Metal Mining in the United States," by N. S. Shaler; "Presage" (poem), by Charlotte Fiske Bates; "The Bible in the Nursery," by Mrs. Edward Ashley Walker;" "Maiden Hair" (poem), by Edgar Fawcett, and various other articles.

## BOOK NOTICES.

**"Taubstummheit und Taubstummen-Bildung, nach den Vorhandenen quellen, so wie nach eigenen Beobachtungen und Erfahrungen,"** bearbeitet von Dr. Arthur Hartmann. Ohrenarzt in Berlin. Enke, Stuttgart, 1880.

**Deaf-Mutism and Deaf-Mute Education, according to the Existing Methods, Coupled with Appropriate Observations and Experiments.**

*Preface and Literature.*—Chapter I. Deaf-Mutism in General. II. Peculiarities of the Deaf and Dumb. III. Deaf-Mutism and its Relation to Idiocy and Aphasia. IV. Deaf and Dumb Statistics. V. The Value of Deaf and Dumb Statistics. VI. The Result of Special Statistics with Reference to Congenital Deafness. VII. The Result of Special Statistics with Reference to Acquired Deafness. VIII. The Hearing Power of the Deaf and Dumb. IX. Constant Anatomical Changes in Deaf Mutes. X. The Cure of Deaf-Mutism. XI. Natural and Artificial Pantomime (sign language). XII. The Education of the Deaf Mute at Home and at School. XIII. The History of the Education of Deaf Mutes. XIV. The Education of Deaf Mutes. XV. What has been Done (Established, Gained)? XVI. The Deaf Mute after Leaving School. XVII. The Present Condition of the System of Educating Deaf Mutes. XVIII. The Exact Proportion of Deaf Mutes. XIX. Deaf-Mutism and Blindness. So also, nineteen tables of statistics of all parts of the world, *i.e.*, Europe, out of Europe, especially in Germany, Prussia, Ireland, etc. The cause of deaf-mutism, the age of deaf mutes, direct and indirect anatomical changes, congenital relations, the causes of deaf-mutism, the hearing power, post-mortem, that is, pathological, changes, past and present condition of deaf and dumb institutions, etc.

The book contains 212 pages, unusually distinctly printed, with double leadings. It treats the subject exhaustively, leaving no department untouched, nor omitting any facts worth knowing upon the subject. This book should be in the library of every institution for the instruction of the deaf and dumb, as well as every medical institution, in this country, and no one in any way connected with, or interested in, the teaching or treating of deaf mutes can omit reading this valuable work, from which much information and many practical hints can be obtained.

**A Practical Treatise on Sea Sickness: Its Symptoms, Nature and Treatment.** By George M. Beard, A.M., M.D. New York, E. B. Treat, No. 757 Broadway, 1880. Cloth, 12mo, pp. 74. Price 50 cents.

The philosophy advocated in this work is, that sea sickness is a functional disease of the central nervous system, a form of neurasthenia, produced by constantly repeated mild concussions of the brain, and consequently to be treated by remedies exerting a sedative influence over the nervous system. A description of the symptoms and sequellæ of sea sickness is given, and a plan proposed which is not only in harmony with the philosophy advanced, but which has, by repeated tests, been found to yield the most satisfactory results. The best treatment of sea sickness, the author says, is to prevent it, and the best way to prevent it is to take large doses of bromide of sodium, from thirty to ninety grains, three times

daily, for three or four days before starting, and keeping this up while at sea until there is well grounded reason to believe that all danger is over. Among the remedies recommended, if the treatment with the bromide has been neglected, are citrate of caffeine, atropia, and hydrate of chloral. The author takes the position that sea sickness, like any other form of disease, is an evil to be avoided, and that with the proper precautions it can, in the majority of cases, be prevented or greatly relieved. Dr. Beard is well known as an authority upon diseases of the nervous system, and we do not hesitate to recommend this little book to all who may be interested in the subject of which it treats.

**Lessons in Gynecology. By William Goodell, A.M., M.D.**, Professor of Clinical Gynecology in the University of Pennsylvania, etc. Second Edition. With 92 illustrations. Philadelphia, Pa. D. G. Brinton, 115 South Seventh street. 1880. 8vo, pp. 454. Price, leather, $4.50; cloth, $4.00.

The first edition of this most excellent work having been exhausted in less than six months, and a new edition having been called for, the author has availed himself of the opportunity thus afforded him, to make such alterations and additions as he deemed necessary. Not only has each lesson been carefully revised, but very generally enlarged by fresh matter, and four new lessons, together with twelve new illustrations, have been added, thus increasing the volume by seventy-four pages. Having thoroughly reviewed the first edition in our issue of August 9th, 1879, we will now take up for examination the new lessons that have been interposed, viz.: *The second, seventh, eleventh, and twenty-fifth.* The second lesson treats of the different modes of examination, the author giving minute instructions how to make digital examinations by the vagina and by the rectum, examination by the bladder, examination by the uterine sound, and also how to use the speculum. In the seventh lesson some of the affections of the vulva and of the surrounding parts are briefly considered; this lesson embraces pruritus vulvæ, coxygodynia, hernia of the labium majus, encysted hydrocele of the round ligament, pudendal hemorrhage, pudendal hematocele, and hemorrhage from the hymen. The subject of the eleventh chapter is the local and constitutional treatment of chronic metritis and endometritis; here, as elsewhere, minute directions are laid down, and numerous formulæ are also given in connection with constitutional treatment. The twenty-fifth lesson treats of ovaritis and prolapse of the ovaries, for severe and intractable cases of which he recommends the removal of the ovaries, an operation which he assures us will in no way unsex a woman, but "merely bring on, more abruptly than nature does, that change of life which every woman longs to reach, and which, while taking away all hopes of future offspring, makes her no less a mother or a wife."

The three last lessons of this work are devoted especially to the prevention of uterine disorders, and treat of subjects with which every wife and mother should be familiar. Thus in the thirty-first lesson special hints on puerperal convalescence are given, and numerous errors in fashion, in the occupations of women, and in their education, are pointed out. The thirty-second lesson is on a most important subject, viz: "The Relation which Faulty Closet Accommodations Bear to the Diseases of Women;" while in the thirty-third lesson the author takes up, and discusses in a thorough and straightforward manner, "The Sexual Relations as Causes of Uterine Disorders," pointing out and illustrating by cases, the evil effects of conjugal onanism, and kindred sins. A reprint of these three lessons would form an excellent tract on female hygiene, which every woman should read.

The favor with which this book has been received by the profession on both sides of the Atlantic is sufficient guaranty of its excellence, and while we know of no treatise on gynecology which is better suited to the wants of the student and the general practitioner, it may be consulted with advantage even by the specialist.

**The Management of Children in Sickness and Health.** A Book for Mothers. By Amie M. Hale, M.D. Philadelphia, Presley Blakiston, No. 1012 Walnut street. 1880. Cloth, small 8vo, pp. 110. Price 50 cents.

This neat little book should be added to the library of every young lady on the day of her marriage, for there can be no doubt but that the fearful mortality among children, especially in our large cities, is chiefly caused by ignorance on the part of mothers with regard to the proper management of their little ones, and the manner in which such diseases may be warded off. The work is divided into thirteen chapters, the first seven being devoted to the care and management of children in health, the remaining six treating of such diseases and accidents as commonly occur during childhood, and which either are not of sufficient importance to call in a physician, or such as require prompt and immediate attention. Under no circumstances is the book intended to supersede the physician's instructions.

THE
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A WEEKLY JOURNAL,
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D. G. BRINTON, M.D., EDITOR.

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## THE AMERICAN MEDICAL ASSOCIATION.

The thirty-first annual meeting of the American Medical Association has been held, according to announcement, and a full report of the proceedings is furnished in this issue. After the excitement is over and the smoke has lifted from the field, it is eminently proper to sum up the results and count the cost; a few reflections upon the lessons of this very large gathering, therefore, will not be out of place nor altogether inappropriate.

At the outset, the observer must be impressed with one most salient and important fact, in comparing this meeting with its predecessors. Although an exceptionally large attendance of delegates and members by invitation thronged the hall and crowded the general sessions, yet the best of good feeling prevailed. If any jealousy or petty spite rankled in the bosom of any of the members, it was so foreign to the temper of the meeting that it was kept hidden, from very shame. How strong is the contrast between the present and the early meetings of the Association, in this respect, let any of the older members declare. The improved tone of these meetings, the advance of the Association in dignity and harmony, bespeaks a much better feeling in the ranks of our profession than existed a quarter of a century ago; for this better understanding and wider acquaintance among medical men, the American Medical Association has labored, not in vain.

This leads us to consider the main object for which this annual convention was inaugurated. Although, *ex necessitate*, such a body of lovers of science could not be brought together without endeavoring to advance the cause in which they are so deeply interested, yet we regard the main object of the projectors as accomplished when they are brought together and made mutually acquainted. In other words, the æsthetic and social element is of supreme importance, and deserves the fullest consideration. Having assembled such a body of physicians, it is but natural that part of their entertainment should consist in the interchange of views upon special medical topics. But we protest against inundating the meetings with a mass of papers upon subjects which the members of the Sections have not selected, volunteered by men, possibly, from whom they do not care to hear upon any subject. The papers read at the New York meeting in the course of three days aggregated over one hundred, and at least as many more would have been inflicted upon the unoffending delegates had time permitted. The papers crowded out the discussions to a very large extent, and thus opposed the fundamental idea of the convention, which was to hear the views of as many different members as possible. Two papers upon one afternoon would be ample in each Section, and these should be suggestive rather than exhaustive; they should never, under any circumstances, be exhausting.

Some of these authors are so prolific that they volunteer to read four or five different papers at the meeting. Would it not be well to appoint a committee in each Section (consisting, for instance, of the chairman and the secretary, with a third member of their own selection, but unknown to the remainder of the Association), to receive and pass on the papers *before* presentation, so as to prevent imposition of trashy papers, that have

been already rejected by the medical journals? Something of this kind must be done, or the delegates will continue to come home suffering with a mental surfeit and mal-assimilation that incapacitates them for study for a long time to come. The tendency of the professors to embrace the opportunity to lecture to the members appears to be irresistible to many of them, and has been conspicuous in meetings even prior to the last.

What effect the establishment of an Association journal, as urged by many of the members, will have upon this mass of crude material will depend much upon the good judgment of the editor and the freedom of action conferred upon him by the Association. Whoever he may happen to be, a delicate and difficult task awaits him.

## Notes and Comments.

### Therapeutical Notes.

#### TREATMENT OF ANAL FISSURE.

Dr. Hamon informs us, in *Le Praticien*, that instead of employing forcible dilatation, he applies to the fissure, with a camel-hair brush, a solution consisting of one part of chloroform to two parts of alcohol. Two or three applications, at intervals of two or three days, usually suffice to effect a cure. The first application is very painful, but each subsequent one becomes less so.

#### ARSENIC IN NEURALGIA.

Dr. J. T. Stewart states, in the *Peoria Medical Monthly*, that he has been in the habit, for many years, of prescribing arsenic combined with opium in ordinary neuralgia, and found it of great value. His formula is as follows:—

℞. Liquor. potas. arsen., ℥ij.
Tinct. opii,
Alcohol, āā ℥iss. M.

Sig.—Give ten drops in water every three hours, increasing the dose by two or three drops daily until the disease is controlled, or until decided constitutional effects are produced.

### "Overwork and Underwork."

The *Lancet*, May 22d, 1880, observes that considerable interest has been excited on the subject of "underwork" by a popular lecture recently delivered by Dr. Wilks," and the theme is one of very high importance. Underwork is the converse of overwork, and it cannot be doubted that it is the more widespread and worse evil of the two. The reason of this is obvious: work is the natural stimulant of growth, and the cause as well as the complement of nutrition. A person who does not work *cannot* eat, to paraphrase a dictum of the purest science and philosophy. The working capacity is the measure of the capacity for nourishment. An ill-trained system, or part, of the organism not only lacks the power to act, but also the power to recuperate itself under any accidental strain of exercise. The loungers and loiterers in life, the listless, purposeless people, who have no joy in their labor for its own sake, form the class from which the population of asylums is principally recruited, and it is the temporarily active individuals of this order who break down from overwork. Sometimes a man or boy who has not been educated, in any physiological sense of the term, whose faculties may be naturally brilliant, but who is not formed for continuous exertion, becomes inspired with a special longing to exert himself. He works on earnestly, but he is like a man trying to play the part of an athlete with no trained muscular system to call upon. He breaks down, as it seems, from overwork, but it is the underwork of previous years that kills him.

### Hypodermic Injection of Chloroform in Sciatica.

Dr. Blache directs, in *l'Union Med.*, May 11th, 1880, that the first injection of pure chloroform be made at the highest point of the seat of pain, throwing in a syringeful, or about one gram and a fifth. Next day the injection should be made lower down, and the third day lower still. In certain cases even two or three injections may be made the same day, thus inserting three or four grams of chloroform. In obstinate cases Dr. Besnier advises the injection of an entire syringeful at the highest point, a second opposite the great trochanter, a third near the head of the fibula, and a fourth at the malleolus. If the pain has not disappeared at the end of three or four days, recourse should be had to other means of treatment.

### Jaborandi in Mumps.

Dr. Testa states, in *Il Morgagni*, that he has employed this remedy in the form of infusion in five cases, and draws from his practice the following conclusions: 1. Jaborandi is an efficient remedy in mumps. 2. The efficacy is explained by its hydragogue, and especially its sialagogue properties. 3. Administered early it will prevent the development of the affection. 4. It may prevent the metastases which are not infrequent.

### A New Anthelmintic.

Dr. Lemos, in *Medicinische Neuigkeiten*, states that the ocinum basilicum, a plant known in Buenos Ayres under the name 'albochaca,' has an action of such a nature that the worms in every stage of development rapidly leave their location after the juice reaches them. Its use is so much the more to be recommended, since, if no worms should be present no injurious effect results from the plant, but a laxative and disinfectant action is the only result. Fifty grammes of the juice are given, followed in two hours by a dose of castor oil. A free discharge of the worms may be expected.

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### The Relationship of Diabetes to Insanity.

Dr. Santos shows, in *Annales Méd. Psychol.*, January, 1880, that diabetes sometimes alternates with insanity, in the same manner as pulmonary tuberculosis is known to do. In many cases of diabetes there exists a specific mental disturbance, characterized by depression, and occasionally leading to suicide. The intensity of the symptoms is directly proportionate to the amount of sugar in the urine. Later in the course of the disease the patient sinks into a state of quiet apathy, talking to himself, but is without delusions; this condition often lasts until death.

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## Correspondence.

### The Effects of Conception on the Nervous System.

Ed. Med. and Surg. Reporter:—

March 2d., I was called to see Mrs. M., aged 21 years; married six months; very robust and of a sanguineous temperament. Since puberty she has menstruated regularly and without any discomfort or nervous symptoms, up to the present date, which is her catamenial period, but it has failed to appear. She has heretofore enjoyed perfect health. With this history the following symptoms presented: A slight, whitish fur on the tongue; pulse a little excited; respiration somewhat hurried and forced; no symptoms of malarial poison; no hysteria; urine tested and found normal; bowels open; disposed to sleep all the while, and while asleep would pull and pick violently at the bedclothes and indulge in low mutterings; when aroused her mind would become perfectly clear and calm; complained only of a severe pain in the lower part of her spine; unable to move herself in bed without assistance; could neither stand nor sit alone; if she attempted to walk her toes would drag on the floor; she would pass into a sleepy stupor while standing up and would say her sleep was natural; complained of no pain in head; no loss or increase of sensation. A vaginal examination showed a softened condition about the os uteri; no dilatation. The most attractive and unusual symptom of great nervous irritation was the rapid contraction and dilatation of the pupils. They would contract and dilate to their full extent about six or eight times to the minute, entirely uninfluenced by light, and seeming to affect the vision in no way in either state.

I will state that these symptoms, so far as I could learn, had developed the night previous, as she was up and attending to her duties the day before I saw her, complaining only of a backache.

From the foregoing history and symptoms I diagnosed the case as one of hyperæmia of the brain and spinal cord, caused by this, her first, conception, producing a reflex action. With this conviction I proceeded to apply wet cups along the spine, and removed several ounces of blood. I also ordered a preparation of bromide of potassium and valerian and left the patient, expressing the hope that the system would accustom itself to the physiological functions going on, and that these symptoms would soon pass away.

Two days later I repeated my visit and found her condition no better, except that the cupping had partially relieved the pain in the spine. I applied the cups again and drew off more blood. To open the bowels, ordered large doses of calomel and ipecacuanha.

Saw the patient next day. Pain over the spine greatly relieved; not so much paralysis; no abatement of other symptoms; cathartic acted freely. In this condition she remained for nearly two months, the symptoms gradually increasing in severity and yielding to no treatment that I could institute.

April 29th. Found her in slight convulsions, gradually increasing in severity and frequency. I advised the induction of abortion.

April 30th. With the assistance of my friend Dr. John Rainey, who had seen the case and concurred with me in the mode of procedure, I introduced a probe into the uterine cavity and broke up the membranes. She bore the operation well, and aborted in about thirty hours, throwing off a fœtus I supposed to be six or eight weeks old. There was no sudden reaction, but her symptoms gradually became milder, and I can pronounce her, May 20th, entirely recovered.

In the treatment of this case there arose an immaterial, though interesting, question in my mind. It was, whether this condition which, toward its close so greatly endangered her life, arose from the suspension of a previous regular physiological act, or from the taking on of a new physiological condition.

I think it undoubtedly arose from the conception, for the suspension of menses was no less physiological than the conception. The point that created this question was this: She menstruated the last time about February 1st, and conception took place a few days later, judging from the subsequent non-appearance of the catamenia and the size of the fœtus. Now, she carried that fœtus, without discomfort, from about February 5th up to March 1st, which was her time, and then the foregoing symptoms set up. This is not so strange when we reflect and see that the uterus, even after conception, often takes on its regular monthly congestion, and in some instances the flow comes on.

Having presented this case in detail, I shall not discuss it further than to say I think it too often the custom of physicians to postpone or refuse such timely interference, in similar cases, as is necessary for the safety of the mother. The danger of the operation in this case was enhanced, because of my postponing until convulsions came on.

I humbly offer the report of this case to the profession, for such consideration and discussion as the rarity of its symptoms and obscurity of its pathology may demand.

*Clarksville, Texas.* P. W. JOHNS, M.D.

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**One Symptom Diagnostic of Fractured Femur.**

ED. MED. AND SURG. REPORTER:—

Leverrier discovered a new planet, Neptune, by one group of signs. Nélaton diagnosed the fact and place of a bullet in Garibaldi's foot by one sign, which was a trace of lead brought out on a porcelain probe. John Hunter diagnosed a case of pregnancy by one symptom, the areola about the nipple. In a case of sharp emergency, I myself was able to diagnose heart disease as a cause of acute mania by one symptom, namely, a sudden and anxious cry for "more air." The fact of the suspected disease was soon verified by post-mortem inspection.

In like manner I believe fracture of the femur may be decided on by one symptom, whenever it follows a concurring fact. That symptom I first employed in 1876 to solve the question of an injured hip, and desire here to elevate it to the distinction of an individuality. Its portent is a pathognomonic sign. All of our text-books leave it out of the list of symptoms of this injury, and only refer to it incidentally.

Hamilton's Surgery enumerates three symptoms indicative of fractured neck of femur. These are, "shortening, crepitus and everted toe." Prof. Gross adds to the above one other, that of "extra mobility of limb." Some one or more of these symptoms are often absent for days. Sometimes all of them are out of sight for an indefinite time in fractured neck. In that case the surgeon encounters a profound gap. That gap I hope to fill with a sign that is almost never absent. One that is able to stand alone and point the way. What is it?

It consists of the fact of disability. Sudden disability. Disability immediately following an accident or a fall.

Now, has this sign the amount of meaning we draw from it? Why not? Look at its commanding features. It is the first symptom noticed, unless it be pain. Like pain, it is self-asserting.

Few students of surgical literature can ever forget the terse language of Liston, where he says, "When, succeeding a fall, a patient rises disabled, with a shortened limb, crepitus and everted toe, we meet a set of facts which find no explanation short of a fractured leg." What less can we say of the single fact of sudden disability when it heaves in sight? The thought of contusion is inadequate. If there is luxation we find it. If paralysis we see it. If malingering we detect it. These being carefully excluded, disability, specific and overpowering, remains to be accounted for. The demand is imperative. We, therefore, must conclude, in similar language to that of Liston, that the above named marked infirmity finds no explanation short of fractured bone.

We have heard of cases where a person has sustained a broken leg and immediately walked home, or some considerable distance. These are exceptions.

"A slight fall," says Gross, "is sufficient for a broken leg." Thus the fall is the factor; the inability to stand or walk is a sequence so direct and consecutive as to certify to a broken bone. That break is apt to be, in people of mature years, at the neck of the femur. Add to the fact of disability another fact, that of pain in the attempt to stand or walk, with abatement of that pain when the member is at rest, and we ask where is the liability of mistake? Is there any other known lesion likely to be mistaken for it? I know of none. Fractured acetabular rim cannot long be taken for a broken femur. In fact, acetabular fracture is little more than another name for luxated hip.

We repeat, our new symptom is not merely the initial cry of distress, it is the foremost word spoken that conveys intelligence. It points an index finger to the seat of injury, and writes the diagnosis. You cannot heed it without profit. You cannot disregard it without loss. To re-state and re-assert it—other hurts ruled out—sudden disability following a fall signifies a broken femur. A. S. HUDSON, M.D.

*Stockton, Cal., May 1st*, 1880.

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# NEWS AND MISCELLANY.

## AMERICAN MEDICAL ASSOCIATION.

### Thirty-first Annual Meeting.

The Association met in Association Hall, New York, at eleven o'clock, June 1st, the President, Dr. Louis A. Sayre, in the chair.

The meeting was opened with prayer, by William F. Morgan, D.D.

Then followed the address of welcome by Dr. T. Gaillard Thomas. He spoke of the last meeting of the Association in New York, sixteen years ago, when the country was torn to pieces by war, and when no circumstances pointed to any more pleasant gatherings. "But a change has come," he said, "and now the members from the North, East, South and West meet in harmony in the great metropolis." The speaker called attention to the advance the medical profession had made to a higher standard of knowledge, a broader plane of usefulness than ever before; how that facts and ideas are spreading on wings more rapid than the wind. He concluded by bidding everybody a hearty welcome to New York.

The roll of members was then called by Secretary Atkinson.

A list of 372 names of applicants for membership was then presented, and on motion they were duly elected.

The President's Address on "What America

has done for Medical Science," was in substance as follows:—

"To the question, 'What does the world yet owe to American physicians and surgeons?' we would venture a more full reply, although time will not permit us to revert to more than a few of our professional achievements. First, among the greatest boons ever conferred upon suffering humanity, stands anæsthesia, an American suggestion, and one that immortalizes the name of Morton. Who can ever estimate the value of this discovery, or who can accurately describe the contrast between the former agony necessarily endured in many surgical operations and the present absolute oblivion of all pain, the happy, tranquil, undisturbed sleep while the flesh quivers under the knife? When we contemplate the millions of human beings on the earth, and consider the fact that at every moment of time, in some part of the civilized world, hundreds, if not thousands, are enjoying the benefits of this great discovery, the mind becomes overawed at the magnitude of the blessing, and even imagination fails to comprehend fully its benefits. Ovariotomy, another American contribution to the medical profession, has done as much toward saving life as any other surgical discovery of the nineteenth century. It was first practiced in 1809, in Danville, Ky., by Dr. Ephraim McDowell. At the present time it is acknowledged as the proper operation to perform in certain cases, by every medical school in the civilized world."

Business of a general nature was then transacted. Reports were received and committees appointed, after which adjournment was had for lunch.

The general session having thus disposed of most of the routine business at hand, the members were ready for science. Because of the great number of papers to be read, the time for reading each one was limited to thirty minutes, and to further help time along, the different branches and subjects were divided into several sections, which conducted their work in different rooms.

The Section of Practice of Medicine, Materia Medica and Physiology met at 2 P.M., in the large hall. Dr. J. S. Lynch. of Baltimore, Md., was Chairman, and Dr. W. C. Glasgow, of St. Louis, Secretary. Papers were read as follows: "On the Classification of Medicines," by Dr. W. H. Thomson, of New York; "On the Therapeutics of Natural Waters," by Dr. W. C. Van Bibber, of Baltimore, Md.; "Investigations in Relation to the Cause and Character of Diphtheritic Poison, and the Results of Fifty Inoculations," by Dr. J. T. Everett, of Sterling, Ill.; "A Case of Recovery from Occlusion of one or more of the Cerebral Sinuses," by Dr. M. O'Hara, of Philadelphia, Pa.; "Progressive Muscular Atrophy and Pseudo-hypertrophy," by Dr. I. N. Kerlin, of Media, Pa., and Dr. Charles K. Mills, of Philadelphia, Pa.

The Section of Surgery and Anatomy met in the amphitheatre of the College of Physicians and Surgeons, northeast corner of Fourth avenue and Twenty-third street, with Dr. W. T. Briggs, of Nashville, Tenn., Chairman, and Dr. C. Powell Adams, of Hastings, Minn., Secretary. Papers were read on "Spinal Extension; Its Modes, Means, and Motives," by Dr. Benjamin Lee, of Philadelphia, Pa.; "Phimosis as a Cause of Nervous Symptoms, with Results of Operations," by Dr. George M. Beard, of New York city; "Section of the Infra-Orbital and Inferior Dental Nerve, for Neuralgia," by Dr. John T. Hodgen, of St. Louis, Mo.; "Compound Complicated Hare Lip" (illustrated by three cases), by Dr. James L. Little, of New York city; "Newly Devised Orthopædic Appliances, Including the Sector Splint," by Dr. Charles F. Stillman, of Plainfield, N. J.; "Anatomical and Surgical Considerations in regard to Synovitis and Extension to Joints," by Dr. William H. Pancoast, of Philadelphia, Pa.

The Section of Obstetrics and Diseases of Women and Children met in the same hall, third story of Association Hall, with Dr. Albert H. Smith, of Philadelphia, Pa., Chairman, and Dr. Robert Battey, of Rome, Ga., Secretary. Papers were read on "Battey's Operation in Epileptoid Affections," by Dr. J. Marion Sims, New York city; on "The True Import of Ovariotomy or Spaying, for Reflex Symptoms, More Particularly in Epilepsy, Hystero-epilepsy and Catalepsy," by Dr. Montrose A. Pallen, of New York city.

The Section of Medical Jurisprudence, Chemistry, Psychology, State Medicine and Public Hygiene met in the lower lecture room of the College of Physicians and Surgeons, where Dr. James F. Hibberd, of Richmond, Ind., presided, and Dr. Thomas F. Wood, of Wilmington, N. C., served as Secretary. Papers were read on "The National Board of Health," by Dr. J. S. Billings, United States Army; "The Death Rate of the Rich and Poor," read for Dr. Charles Robert Drysdale, of London, England; "The Relations of the Medical and Legal Professions to Criminal Abortion," by Dr. E. H. Parker, of Poughkeepsie, N.Y.; and "Unsanitary Engineering," by Dr. A. N. Bell, of New York.

The Section of Ophthalmology, Otology and Laryngology met in class room, third story of Association Hall, at 2 P.M. Papers were read on "Stenosis of the Larynx," by Dr. W. H. Daly, of Pittsburg, Pa.; "Remarks on the Lesions of the Larynx in Pulmonary Phthisis," by Dr. Carl Seiler, of Philadelphia; on "Tumors of the Lachrymal Gland, their Pathology and Operative Treatment, with Demonstrations," by Dr. H. Knapp, of New York; on "The Psychophysiological Training of Idiotic Eyes," by Dr. E. Seguin, of New York.

It was dinner time when the last paper was read, and the members wended their way to their hotels without delay, to prepare for the reception in the evening.

In the evening was held the reception in honor of the Association, given by its resident members and the citizens of New York, at the Academy of Music. The hours were from eight to eleven P.M. The Committee of Entertainment and Invitations had for its chairman Dr. Charles Inslee Pardee, and for members, Messrs. Montrose A. Pallen, Robert F. Weir, Joseph C. Hutchinson, William M. Polk, and E. H. Parker. The Reception Committee had Dr. T. Gaillard Thomas for its chairman, and for members, Montrose A. Pallen, Henry D. Nicol, Bache McE. Emmett, Thomas H. Burchard, Charles S.

Ward, Allan McL. Hamilton, F. R. Sturgis, Frank H. Hamilton, James H. Anderson, J. Williston Wright, T. Addis Emmett, Louis A. Sayre, James B. Hunters, Henry F. Walker, Fordyce Barker, A. A. Smith, Walter R. Gillette, Charles Inslee Pardee, Robert F. Weir, Joseph C. Hutchinson, William M. Polk, E. H. Parker, Stephen Smith, M. H. Burton, C. R. Agnew, William H. Thomson, George F. Shrody, J. Marion Sims, Edward G. Lowry, R. A. Wilthaus, G. E. Sussdorff, A. E. Macdonald, B. F. Dawson, W. T. Tusk, F. A. Castle, Albert Buck, Paul F. Mundé, William H. Hall, and C. Carroll Lee. The floor over the seats was put down and the stage thrown open.

SECOND DAY.

The general session began with the presentation of the report of the Committee on Nominations, which was followed by a paper criticising the reports on State medical societies, by Dr. Samuel D. Gross, a Philadelphia surgeon.

Next came a report on ozone, by N. S. Davis, M.D., of Chicago; which in turn was followed by an address by the Chairman of the Section, Dr. J. S. Lynch, of Baltimore, on the "Practice of Medicine, Materia Medica and Physiology."

The general session was closed by an address of the chairman of the Section of Surgery and Anatomy, delivered by W. T. Briggs, M.D., of Nashville, Tenn.

Papers were read as follows in the Section of Practice of Medicine, Materia Medica and Physiology: "Sphygmograms, with Notes of Autopsies," by H. R. Hopkins, M.D., of Buffalo, N. Y.; "On the Use of Chrysophanic Acids in the Treatment of Skin Diseases," by Robert W. Taylor, M.D., of New York city; "Artificial Inflation as a Remedial Agent in Diseases of the Lungs," read by J. Solis Cohen, M.D., of Philadelphia, Pa., for W. T. Gadbury, M.D., of Yazoo City, Miss.; "The Treatment of Scrofulous Diseases of the Skin," by John V. Shoemaker, M.D., of Philadelphia, Pa.; "Epilepsy," by Leonard Pitkin, M.D., of New York city; "On Restorative Remedies," by J. R. Uhler, M.D., of Baltimore; "On the Use of Sulphur and its Compounds in the Treatment of Skin Diseases," by L. Duncan Bulkley, M.D., of New York.

Papers were read in the Section of Surgery and Anatomy: "Compound Complicated Hare Lip," (illustrated by three cases), by James L. Little, M.D., of New York city; "A New Ether Inhaler, and a New Form of Transfusion Apparatus," by Dr. Joseph C. Hutchinson, of Brooklyn, N. Y.; "Hip Joint Disease" (specimens and splints for), by Dr. DeForrest Willard, and Dr. E. O. Shakspeare, of Philadelphia, Pa.; "Aspiration in Pericardial Effusion," by Dr. John B. Roberts, of Philadelphia, Pa.; "Thoracentesis" (twenty-one operations), by Dr. C. A. Leale, of New York city; "Cystotomy in Cystitis of the Male," by Dr. Robert F. Weir, of New York city; "Skin Grafting" (with cases), by Dr. L. Turnbull, of Philadelphia, Pa.; "A New Inhaler," by Dr. D. M. Barr, of Philadelphia, Pa.; "Laparotomy and Colotomy, with Formation of Artificial Anus, for Obstruction of the Intestines," by Dr. W. A. Byrd, of Quincy, Ill.

In the Section of Medical Jurisprudence, Chemistry, Psychology, State Medicine and Public Hygiene, papers were read as follows: "Disposal of Sewerage," by Dr. Charles F. Folsom, of Boston, Mass.; "Temperature of Living Rooms," by Dr. R. C. Kedzie, of Lansing, Mich.; "The 'Personal Factor' in the Etiology of Preventable Disease," by Dr. Alfred L. Carroll, of New Brighton, N. Y.; "Climate and Diseases of the Mississippi Valley," by Dr. Joseph Jones, of New Orleans, La.; "Hot Air Bathing as a Means of Promoting Health and Preventing Disease," by Dr. E. C. Angell, of New York city; "Microscopical Sections of Cases of Diseases of the Brain," by Drs. Charles K. Mills and Carl Seiler, of Philadelphia, Pa.

The Section of Obstetrics and Diseases of Women and Children, meeting in a small room in the third story of Association Hall, listened to papers as follows: "Management of the Third Stage of Abortion, with Retention of Placenta and Membranes," by Dr. Joseph Taber Johnson, of Washington, D. C.; "Gastro-hysterotomy; being Remarks on and Exhibition of a Full Term Uterus Removed by Laparotomy," by Dr. Isaac E. Taylor, of New York city; "Ablation of the Uterus for Non-malignant Tumors," by Dr. Gaillard Thomas, of New York city.

The Section of Ophthalmology, Otology and Laryngology heard papers on "Anatomical Peculiarities of the Central Artery," by Dr. F. B. Loring, of Washington, D. C.; "Bilateral Paralysis of the Abductor Muscles of the Larynx," by Dr. F. H. Bosworth, of New York city; "The Therapeutic Value of the Galvano-cautery in Diseases of the Naso-pharynx," by Dr. W. H. Daly, of Pittsburg, Pa.; "Contributions to the Pathology and Treatment of Vascular Tumors of the Lids," by Dr. Charles S. Bull, of New York city; "Demonstration of Models to Illustrate the Refraction of Light by Asymmetrical Surfaces, to be followed by Remarks on the Determination and Correction of Astigmatism," by Dr. H. Knapp, of New York city.

In the evening the Association attended the performance of "Othello," at Booth's Theatre.

THIRD DAY.

The Association had an exciting time discussing the international metric system of weights. The opponents of the proposed change were, however, too poorly supported in their arguments, and when the vote was taken to recommend the teaching and practice of the metric system in the medical colleges and dispensaries it was carried by a majority that admitted of no division. The question was presented to the Association by the report of an Executive Committee appointed at the meeting held in Atlanta, last year. At the same meeting it had been resolved that the Association request its members to employ the metric system in their papers and in reprints thereof, the medical boards of hospitals and dispensaries to use it in prescribing and recording cases, and that the faculties of the medical and pharmaceutical schools adopt it in their didactic, clinical and dispensary departments. It was further resolved that the Association adopt the system and use it

in its own transactions. A Committee was appointed to give unity and rapidity to the movement. The substance of the report is contained in the following excerpts:—

As long as physicians had to deal almost exclusively with quantities sensible to the naked and unaided senses, the duodecimal computation—though tedious and unsafe in complex quantities—could have been serviceable. But now, and every day more and more, the vital questions of our art rest upon the analysis of quantities too small to be appreciated by the senses; quantities comprehensible and manageable only through the rational uniformity of which the metro-decimal system is the simplest exponent and expression.

We are not alone in this plight. In England, famed old surgeons, like Th. Holmes, men in the prime of their talents, like Burdon-Sanderson, Sydney Ringer, Ernest Hart, and the younger graduates of the London University Medical College, all agree that the metric system is the future quantitative language of our profession.

We stand in about the same relation to this progress as the English. You have created the present Executive Committee; they have appointed Dr. Clifford Albutt, of Leeds; Dr. Lauder Brunton, F.R.S.; Dr. Sieveking; Professor Frazer, Q.V., Edinburgh; Professor Harvey, University of Aberdeen; Dr. Quain, F.R.S., Chairman of the Pharmacopœia Committee of the General Council, and Mr. Ernest Hart, Chairman of Council, a committee to report on the means of introducing the metric system in medicine in Great Britain. This committee will report at the next meeting of the British Medical Association in August, as we report to you now. Last year we ran with our English *confrères* the same noble race. Who will reach the goal first this time?

Considering also and above all the home question, any delay in the teaching of the metric system brings up new crops of physicians, who, however capable otherwise, are incapable at first, and soon become unwilling to learn and use the quantitative language common to medicine, chemistry, pharmacy, physics, etc., your Metric Executive Committee submits to your action the following propositions:—

The American Medical Association, first, recommends the teaching and practice of the metric system in medical colleges, clinics, dispensaries, &c.

*Second*, Charges its Executive Metric Committee with the duty to report annually on the above institutions which teach and those which do not teach the metric system.

*Third*, Authorizes said committee to enter into communication with the Metric Committee of the British Medical Association, in order to concert such plans as may render the use of the metric system simultaneous and uniform in both countries.

An animated discussion followed, in which several members from the Western States opposed the new system, but finally, the vote being taken, it was passed.

It was decided to hold the next annual meeting in Richmond, beginning on the first Tuesday of May, 1881. Further reports were received by the general session, and two papers were read, one by Dr. James F. Hibberd, of Indiana, on "Medical Jurisprudence, Chemistry, Psychology, State Medicine and Public Hygiene;" the other on "Ophthalmology, Otology, and Laryngology," by Dr. Bolling A. Pope, of New Orleans. Several amendments to the Constitution were made, and the general session adjourned.

In the several Sections were read, in the afternoon, as follows: Section of the Practice of Medicine, Materia Medica and Physiology—"Electrical Treatment of Exophthalmic Goitre," by A. D. Rockwell, M.D., of New York city; "The Strong Galvanic Treatment in Sciatica" (illustrated by cases), by V. P. Gibney, M.D., of New York city; "Hydrobromic Ether," by L. Turnbull, M.D., of Philadelphia; "On the Pharmacopœia of 1880," by D. W. Prentiss, M.D., of Washington, D. C.

Section of Surgery and Anatomy:—"The Pathology and Treatment of Syphilis," by Dr. F. N. Otis, of New York city; "On the Radical Cure of Inflammation by Ligation of the Vessels of Supply," by Dr. H. F. Campbell; "On the Treatment of Syphilis at the Commencement and End of the Nineteenth Century," by Dr. Charles Robert Drysdale, of London, England; "On the Treatment of Fractures," by Dr. W. D. Hooper, of Liberty, Va.; "Lupus" (illustrated by the magic lantern), by Dr. H. G. Piffard, of New York city; "The Development of the Osseous Callus in the Different Fractures of the Bones of Man and Animals" (illustrated by micro-photographs), by Dr. H. O. Marcy, of Cambridge, Mass.; "On the Foramina of Monro in Man and the Domestic Cat," by Dr. Burt G. Wilder, of Ithaca, N. Y.; "A Method of Treating Spinal Disease," by Dr. E. H. Coover, of Harrisburg, Pa.; "Treatment of Fractures of Long Bones Involving Joints," by Dr. James S. Green, of Elizabeth, N. J.; "On the Present Standing of the Doctrine of Inflammation," by Dr. C. Heitzman, of New York city; "On the Treatment of Fractures," by Dr. W. D. Hooper, of Liberty, Va.

Section of Medical Jurisprudence, Chemistry, Psychology, State Medicine, and Public Hygiene—"Moral Treatment of the Insane," by Dr. Charles W. Page, of Hartford, Conn.; "Construction and Arrangement of Almshouses," by Dr. W. H. Lathrop, of Tewkesbury, Mass.; "Criminal Use of Chloroform," by Dr. J. V. Quimby, of Jersey City, N. J.; "Suspicions of Poisoning," by Dr. Thomas Antisell, of Washington, D. C.; "Humane Societies," by Dr. William F. Thoms, of New York city; and the report of the special committee on the "Intervention of the Physician in Education."

Section of Obstetrics and Diseases of Women and Children—"On the Treatment of Fibroids of the Uterus by Dry Earth," by Dr. Addinell Hewson, of Philadelphia, Pa.; "Clinical Report on a Modified Operation for Cystocele," by Dr. B. F. Dawson, of New York; "Stillbirth—Resuscitation after Two Hours and Five Minutes," by Dr. Robert Battey, of Rome, Ga.; "Remarks on Sponge Tents and their Mode of Preparation," by Dr. R. Beverly Cole, of San Francisco, Cal.; "Rest after Delivery—Treatment of Peritonitis," by Dr. R. Tauszky, of New York city.

Section of Ophthalmology, Otology, and Laryngology—"Embryology of the Eye" (illustrated by micro-photographs), by Dr. David Hunt, of Boston, Mass.; "Etiology of Ozæna," by Dr. R. C. Brandeis, of New York city; "Opticociliary Neurectomy—A Magnet for the Removal of Particles of Steel and Iron from the Interior of the Eye," by Dr. E. Gruening, of New York; "On the Detection of Steel and Iron Foreign Bodies in the Eye with a Suspended Magnet," by Dr. Thomas R. Pooley, of New York; "On the Anæsthetic Effect of Cold Applied to the Cornea as a Therapeutic Measure," by Dr. H. S. Oppenheimer, of New York city; "Observations with Cases of Aural and Auditory Vertigo," by Dr. L. Turnbull, of Philadelphia, Pa.; "On Perichondritis Auriculæ, with Presentation of a Case," by Dr. H. Knapp, of New York city; "On the Surgical Treatment of Naso-pharyngeal Catarrh," by D. H. Goodwillie.

In the evening the doctors were entertained by receptions at the houses of Mr. August Belmont and Mayor Cooper, and on the part of the Academy of Medicine, at the houses of the President and Vice-President of that institution, Drs. Barker and Thomas.

FOURTH DAY.

The only business transacted was the election of officers for the ensuing year, which resulted, on an uncontested ticket, as follows:—President, Dr. John T. Hodgen, of St. Louis, Mo. Vice Presidents—Dr. W. H. Anderson, of Mobile, Ala.; Dr. Henry T. Holston, of Vermont; Dr. H. Carpenter, of Oregon. Permanent Secretary, Dr. W. B. Atkinson, of Philadelphia. Treasurer, Dr. Richard Dunglison, of Philadelphia. Librarian, Dr. William See, of Washington, D. C. Judicial Council—Dr. J. K. Bartlett, of Wisconsin; Dr. F. Staples, of Minnesota; Dr. A. R. Wallace, of Texas; Dr. J. G. Thomas, of Georgia; Dr. John S. Billings, United States Army; Dr. J. H. Warren, of Boston, Mass.; Dr. A. T. Woodward, Vermont. Chairmen and Secretaries of Sections—Practice of Medicine, Materia Medica and Physiology—Dr. William Pepper, of Philadelphia, and Dr. Thomas A. Oakley, of Maryland. Surgery and Anatomy—Dr. H. McGuire, of Virginia, and Dr. D. A. Eve, of Tennessee. Obstetrics—Dr. James K. Chadwick, of Boston, Mass., and Dr. J. T. Johnson, of Washington. Medical Jurisprudence, Chemistry, Psychology, State Medicine, and Public Hygiene—Dr. J. T. Reeve, of Wisconsin, and Dr. B. G. Jennings, of Arkansas. Ophthalmology, Otology and Laryngology—Dr. D. S. Reynolds, of Kentucky, and Dr. S. M. Burnett, of Washington. Diseases of Children—Dr. A. Jacobi, of New York, and Dr. W. H. Bradford, of Boston.

In the afternoon there was an excursion to Coney Island.

SECTION ON DISEASES OF CHILDREN.

Principally through the efforts of Dr. A. Jacobi, of New York, a number of delegates met on Wednesday afternoon and formed a temporary Section on Diseases of Children. Dr. S. C. Busey, of Washington, was elected Chairman; and Dr. Frank Woodbury Secretary of the Section.

An address was read by Dr. A. Jacobi, in which the propriety of establishing this Section was strongly advocated.

Dr. S. C. Busey read a paper on "Bright's Disease caused by Malaria," and Dr. James S. Green, of Elizabeth, N. J., reported "A Case of Congenital Multiple Lymphangiectasis."

On the second afternoon Dr. A. Jacobi read papers on "Supra-pubic Lithotomy," and "Congenital Atrophy of the Liver."

An amendment to the By-laws was adopted in the general session, June 3d, establishing this as a permanent Section, to be known as Section 6.

### Association of American Medical Editors.

This body met at the Fifth Avenue Hotel, New York, on Monday, May 31st, 1880. Dr. F. Woodbury, of the Boston *Medical and Surgical Journal*, presided. The officers for 1881 are Geo. F. Shrady, President; R. S. Nelson, Vice President; and D. S. Reynolds, Secretary.

### Personal.

—We are grieved to learn that Dr. N. S. Davis, of Chicago, was prevented from attending the meeting of the American Medical Association last week, through ill health. We have not been informed as to the nature of his sickness, but we sincerely hope it is not serious, and that he will soon be able to attend to his professional duties with undiminished vigor.

—Dr. Dudley S. Reynolds, of Louisville, Ky., editor of the *Medical Herald*, honored us with a call, the other day, while visiting Philadelphia, on his way home from the American Medical Association.

## MARRIAGES.

ABBOTT—HORN.—On Wednesday evening, the 2d inst., by the Rev. J. Shrigley, Harvey N. Abbott, M.D., and Miss Martha Horn, all of this city.

MORTON—LEE.—On Thursday, May 20th, 1880, at the residence of the bride's parents, by the Rev. Arthur Brooks, William J. Morton, M.D., and Elizabeth Campbell, daughter of Washington Lee, all of New York.

PETERSON—GOTTSCHALK.—In this city, on May 27th, 1880, by the Rev. F. P. O'Neill, of St. James' Catholic Church, Robert E. Peterson, M.D., and Clara Gottschalk, second daughter of the late Edward Gottschalk, of London and New Orleans.

SCHERMERHORN—SCHERMERHORN.— At Trinity Chapel, New York City, on Thursday, June 3d, 1880, by the Rev. C. E. Swope, D.D., Charles Augustus Schermerhorn and Louise Schermerhorn, daughter of the late John P. Schermerhorn, M.D., all of New York.

TRIMBLE—SANBORN.—On Thursday, May 27th, 1880, at the residence of the bride's father, in Antrim, O., T. W. Trimble, M.D., of Fairview O., and Miss May Sanborn, of Antrim.

## DEATHS.

FREEDLEY.—In this city, suddenly, on the 27th ult., Henry Stiles Freedley, M.D., in the 24th year of his age.

ROWAND.—In this city, on May 24th, 1880, at his late residence, Dr. John R. Rowand, in his 70th year.

O'CALLAGHAN.—Dr. Edmund Bailey O'Callaghan died at his residence, No. 651 Lexington avenue, New York, on May 29th.

REDDITT.—Near Carrollton, Miss., on May 25th, 1880, Dr. D. H. Redditt, aged 34 years.